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COVID-19 and Acute Esophageal Obstruction Management in the Emergency Department: An U.S. multicenter research network propensity-matched analysis

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Corresponding Author:	Hemant Goyal, MD FACP Wright Center for Graduate Medical Education Scranton, PA UNITED STATES
Corresponding Author Secondary Information:	
Corresponding Author's Institution:	Wright Center for Graduate Medical Education
Corresponding Author's Secondary Institution:	
First Author:	Hemant Goyal, MD FACP
First Author Secondary Information:	
Order of Authors:	Hemant Goyal, MD FACP
	Abhilash Perisetti, MD FACP
	Mahesh Gajendran, MD, MPH, FACP
	Aman Ali, MD
	Neil R Sharma, MD
Order of Authors Secondary Information:	
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COVID-19 and Acute Esophageal Obstruction Management in the Emergency Department: An U.S. multicenter research network propensity-matched analysis

Short title: Acute esophageal obstruction management during the pandemic

Hemant Goyal MD FACP*, Abhilash Perisetti MD FACP*, Mahesh Gajendran MD MPH FACP*, Aman Ali MD, Neil R. Sharma MD

Names of authors with affiliations

1) Hemant Goyal, MD FACP PGDCA (MBA)

The Wright Center for Graduate Medical Education
501 S. Washington Avenue
Scranton, PA 18503
Office: 570.591.5175
Email: goyalh@thewrightcenter.org

2) Abhilash Perisetti, MD FACP

Department of Gastroenterology and Hepatology
The University of Arkansas for Medical Sciences,
Little Rock, AR, USA
Email: abhilash.perisetti@gmail.com

3) Mahesh Gajendran, MD, MPH, FACP

Assistant Professor
Paul L. Foster School of Medicine
Texas Tech University Health Sciences Center, El Paso
5001 El Paso Drive, El Paso, TX 79905
Phone number: 915-215-8000
Fax Number: 915-612-9254
Email: mahesh.gajendran@ttuhsc.edu

4) Aman Ali, MD

Associate Professor of Clinical Internal Medicine,
The Commonwealth Medical College;

Director of Advanced Therapeutic Endoscopy,
Wilkes Barre General Hospital, PA USA;
Email: amanali786@hotmail.com

5) Neil R. Sharma, MD

Parkview Cancer Institute.
Parkview Health 11050 Parkview Circle,
Fort Wayne, IN 46845.

Clinical Assistant Professor
Indiana University School of Medicine,
Fort Wayne, IN
Email: neil.sharma@parkview.com

* Hemant Goyal, Abhilash Perisetti, and Mahesh Gajendran contributed equally to this manuscript.

Author contributions:

Conception and design: Hemant Goyal, Abhilash Perisetti

Statistical analysis: Abhilash Perisetti, Mahesh Gajendran

First draft: Abhilash Perisetti

Critical revision and editing: All authors

Final approval: All authors

Corresponding author:

Hemant Goyal, MD FACP PGDCA (MBA)
The Wright Center for Graduate Medical Education
501 S. Washington Avenue
Scranton, PA 18505
Office: 570.591.5175
Email: doc.hemant@yahoo.com

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Keywords: Acute esophageal obstruction; food impaction; foreign body esophagus, EGD; COVID-19; SARS-CoV-2; outcomes; mortality; TriNetX.

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Abstract

Introduction- The Coronavirus Disease-2019 (COVID-19) caused by the novel SARS-CoV-2 led to significant strain on the Emergency Department (ED) visits worldwide. Multiple stay-at-home orders were issued during the pandemic unless medical treatment was urgently needed¹. Acute esophageal obstruction (AEO) due to food/ foreign body impaction usually present to the ED, given its severe symptoms. Most esophageal foreign bodies pass through the gastrointestinal (GI) tract uneventfully, and related mortality is very low. Still, most of these patients receive endoscopic interventions (up to 76%)². The number of non-urgent endoscopies plummeted sharply during the pandemic to reduce exposure and preserve personal protective equipment. It is unclear if ED visits for AEO and their endoscopic management changed due to the COVID-19 pandemic in the United States (US).

Methods- We utilized a federated cloud-based network database named TriNetX, which provides access to electronic medical records from 92 healthcare organizations from the US. The AEO adult patients hospitalized from January 1, 2020, to December 1, 2020, were compared to a similar timeline in 2019 from TriNetX. We used ICD-10 codes for food/foreign body in esophagus, causing other injury acute food impaction (T18.128 A, T18.12), foreign body esophagus (T18.198, T18.1, T18.19, T18.108, T18.108A). Outcomes of the study included utilization rates of esophagogastroduodenoscopy (EGD), esophageal perforation, inpatient hospitalization, and mortality. The outcomes were measured before and after 1:1 propensity matching of the groups based on the baseline demographics and comorbidities.

Results- Prevalence of AEO among all ED visits in 2020 were 0.12% (5890 AEO ED visits among 4,672,024 total visits), compared to 0.17% (23,478 AEO ED visits among 14,199,648 total visits) in 2019. There was a small but significant decrease (0.05%) in AEO ED visits from pre-pandemic compared to pandemic times ($P < 0.01$). Patient with AEO had higher prevalence of eosinophilic esophagitis (mean 270 [4.6%] vs. 885 [3.8%], $p = 0.004$) and alcohol-related disorders (mean 465

[7.9%] vs. 1659 [7.1%], $p=0.03$) in 2020 group vs. 2019 group. Patients in the 2020-group had a lower EGD utilization (RR 0.63,95%CI:0.58–0.67, $p<0.001$) but esophageal perforation (RR 0.87,95%CI:0.41–1.82) and inpatient hospitalization rates (RR 0.92,95%CI:0.79-1.05) did not differ between two groups. Interestingly, during the pandemic, the AEO patients had a lower mortality rate (RR 0.23, 95%CI:0.17–0.31, $p<0.001$) than in 2019.

Conclusion-

With the advent of COVID-19, multiple stay-at-home orders were issued in the US, with widespread healthcare services and utilization disruption. Patients have expressed concerns about visiting healthcare facilities due to the potential of the spread of SARS-CoV-2³. Many GI societies also recommended deferring elective procedures. This was due to a concern for potential transmission of the virus from aerosolization of GI secretions and judicious use of PPE, which resulted in an overall reduction in the number of endoscopies during the pandemic⁴.

Our study shows a small reduction (0.05%) of AEO ED visits in 2020 compared to 2019. However, EGD utilization plummeted to 63% for AEO in 2020. If this is due to spontaneous resolution of the food impaction or reduced presentations to the ED needs to be studied prospectively.

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References:

1. Perisetti A, Goyal H, Sharma N. Gastrointestinal Endoscopy in the Era of COVID-19. *Front Med (Lausanne)*. 2020;**7**:587602.
2. Ikenberry SO, Jue TL, Anderson MA, Appalaneni V, Banerjee S, Ben-Menachem T, et al. Management of ingested foreign bodies and food impactions. *Gastrointest Endosc*. 2011;**73**:1085-9.
3. Goyal H, Gajendran M, Boregowda U, Perisetti A, Aziz M, Bansal P, et al. Current and future implications of COVID-19 on gastroenterology training and clinical practice. *Int J Clin Pract*. 2020;**74**:e13717.

4. Perisetti A, Gajendran M, Boregowda U, Bansal P, Goyal H. COVID-19 and gastrointestinal endoscopies: Current insights and emergent strategies. *Dig Endosc.* 2020 ;**32**:715-722.

Table Legends:

Table 1: Baseline characteristics, laboratory findings and clinical outcomes of the patients with Acute Esophageal Obstruction (AEO) ingestion during the COVID-19 pandemic (2020) when compared with pre-COVID time (2019) €

Table 1: Baseline characteristics, laboratory findings and clinical outcomes of the patients with Acute Esophageal Obstruction (AEO) ingestion during the COVID-19 pandemic (2020) when compared with pre-COVID time (2019) €

	Before Propensity Score Matching			After Propensity Score Matching		
	AEO 2020 N= 5890 (%)	AEO 2019 N=23478 (%)	P-Value	AEO 2020 N= 5886 (%)	AEO 2019 N= 5886 (%)	P-Value
Demographics	Mean + S.D or n (%)	Mean + S.D or n (%)		Mean + S.D or n (%)	Mean + S.D or n (%)	
Age (Years)	59.42 (19.26)	60.28 (19.23)	0.002	59.42 (19.26)	59.92 (19.34)	0.162
Female	2483 (42.16)	9869 (42.04)	0.866	2482 (42.17)	2475 (42.05)	0.896
Race						
White	1264 (21.46)	4943 (21.05)	0.495	1262 (21.44)	1266 (21.51)	0.928
Black or African American	107 (1.82)	425 (1.81)	0.974	107 (1.82)	90 (1.53)	0.222
Comorbid Conditions						
Essential (primary) hypertension	3195 (54.24)	12823 (54.62)	0.608	3193 (54.25)	3194 (54.26)	0.985
Diabetes mellitus	1322 (22.45)	5353 (22.8)	0.561	1321 (22.44)	1304 (22.15)	0.707
Chronic lower respiratory diseases	974 (16.54)	3834 (16.33)	0.702	972 (16.51)	970 (16.48)	0.960
Chronic kidney disease (CKD)	739 (12.55)	2895 (12.33)	0.653	737 (12.52)	730 (12.4)	0.845
Overweight and obesity	1340 (22.75)	4959 (21.12)	0.006	1337 (22.72)	1351 (22.95)	0.759

Ischemic Heart Disease	1300 (22.07)	5124 (21.83)	0.682	1300 (22.09)	1302 (22.12)	0.965
Alcohol related disorders	465 (7.9)	1659 (7.07)	0.028	463 (7.87)	462 (7.85)	0.973
Eosinophilic esophagitis	270 (4.58)	885 (3.77)	0.004	267 (4.54)	259 (4.4)	0.721
Gastrointestinal hemorrhage	244 (4.14)	1032 (4.4)	0.394	244 (4.15)	278 (4.72)	0.128
Psychotic disorders	245 (4.16)	921 (3.92)	0.405	244 (4.15)	232 (3.94)	0.574
Clinical Presentation						
Nausea and Vomiting	1370 (23.26)	5220 (22.23)	0.091	1367 (23.23)	1338 (22.73)	0.525
Abdominal Pain	2249 (38.18)	8413 (35.83)	0.001	2245 (38.14)	2118 (35.98)	0.015
Medications						
Antiemetics	1294 (21.97)	4550 (19.38)	<0.001	1292 (21.95)	1122 (19.06)	0.000
Omeprazole	1164 (19.76)	4492 (19.13)	0.273	1160 (19.71)	1151 (19.56)	0.835
Pantoprazole	848 (14.4)	3010 (12.82)	0.001	847 (14.39)	762 (12.95)	0.023
H2 Blockers	420 (7.13)	1382 (5.89)	0.000	419 (7.12)	350 (5.95)	0.010
Laboratory Findings After COVID-19 diagnosis						
Hemoglobin (g/dL)	13.57(1.99)	13.17(1.91)	<0.001	13.48(1.96)	13.46(1.74)	0.837
Platelets (10 ⁹ /L)	263.53(74.96)	239.97(76.9)	<0.001	265.02(79.27)	243.88(78.77)	<0.001
Creatinine (mg/dL)	0.99 (0.52)	1.68 (8.51)	0.211	0.99 (0.52)	1.53 (6.94)	0.226
Urea nitrogen (mmol /L)	16.9 (8.27)	16.87 (8.48)	0.966	16.88 (8.28)	16.33 (8.22)	0.486
Chloride (mEq/L)	103.24 (3.38)	103.27 (3.6)	0.934	103.3 (3.27)	103.11 (3.71)	0.550
Bicarbonate (mEq/L)	26.44 (3.07)	26.5 (3.25)	0.811	26.44 (3.08)	26.52 (3.11)	0.786

Potassium (mEq/L)	4.32 (0.43)	4.32 (0.45)	0.871	4.32 (0.43)	4.33 (0.56)	0.842
Sodium (mEq/L)	140.02 (2.92)	139.93 (2.97)	0.690	140.06 (2.86)	140.04 (2.79)	0.941
Leukocytes (1000/uL)	7.31 (2.45)	7.89 (9.59)	0.410	7.33 (2.44)	7.66 (7.24)	0.558
Hb A1C	6.57 (1.94)	6.57 (1.9)	0.976	6.57 (1.94)	6.57 (1.82)	0.991
Lymphocytes (1000/uL)	25.07 (10.7)	25.66 (10.58)	0.536	25.23 (10.56)	25.24 (10.68)	0.994
Neutrophils	1328.73 (2261.27)	1080.92 (2029.11)	0.201	1328.73 (2261.27)	1234.17 (2131.54)	0.715
Ferritin (ng/mL)	195.35 (268.81)	107.49 (149.07)	0.057	195.35 (268.81)	94.01 (99.9)	0.082
Outcomes						
	AEO 2020 N= 5890 (%)	AEO 2019 N=23478 (%)	Risk Ratio (95% CI) ; P-Value	AEO 2020 N= 5886 (%)	AEO 2019 N= 5886 (%)	Risk Ratio (95% CI) ; P-Value
Mortality	52 (0.88)	845 (3.60)	0.25 (0.19,0.32); <0.001	52 (0.88)	229 (3.89)	0.23 (0.17, 0.31); <0.001
EGD	991 (16.83)	6475 (27.58)	0.61 (0.57, 0.65); <0.001	991 (16.84)	1583 (26.89)	0.63 (0.58, 0.67); <0.001
Esophageal Perforation	13 (0.22)	74 (0.32)	0.70 (0.39, 1.26); 0.233	13 (0.22)	15 (0.25)	0.87 (0.41, 1.82); 0.71

€ Propensity score matching was done based on the following variables: age, gender, race, hypertension, diabetes mellitus, chronic lower respiratory disease, chronic kidney disease (CKD), obesity, ischemic heart disease, alcohol-related disorders, eosinophilic esophagitis, gastrointestinal hemorrhage, and psychotic disorders.